## L07000063747

(Re	equestor's Name)	<del>-</del>		
(Ac	ldress)			
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(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	ne)		
(Document Number)				
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## DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	
Date:	11/8/12	
Requestor Name:	Carlton Fields	TALLAHA TALLAHA TALLAHA
Address:	Post Office Box 190 Tallahassee, Florida 32302	(V) 20 CM
Telephone:	(850) 513-3619 (direct) (850) 224-1585	EFF STATE
Contact Name:	Kim Pullen, CP, FRP	7
Corporation Name:	Cagan Crossing. Unit Two L	
Entity Number (if appli	icable):	063747
Authorization:	Kim Hull	le
Certified Copy  New Filings	Plain Stamped Copy	Certificate of Status Annual Report
Fictitious Name	Amendments	Registration
(X)Call When Ready (X)Walk In ()Mail Out	(X)Call if Problem ()Will Wait	( ) After 4:30 ( <b>X</b> ) Pick Up
W 1.5	atter: 81317	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
	, Florida	
	Enter Florida street add	ress
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		he name of the new
B. If amending the registered agent and/or registered	office address on our necessity and	哥 5
		FLORID FLORID
(Mailing address MAY BE A POST OFFICE BOX)		門等星
Enter new mailing address, if applicable:		N-8
(Principal office address MUST BE A STREET ADDRESS)		TES TO
Enter new principal offices address, if applicable:		
The new name must be distinguishable and end with the words "Liu"L.L.C."	mited Liability Company," the designation "l	LC" or the abbreviation
A. If amending name, enter the new name of the limited lia	<del>-</del>	
This amendment is submitted to amend the following:		
Florida document number L07000063747		
The Articles of Organization for this Limited Liability Compar	ny were filed on June 18, 2007	and assigned
(A Florida Limited	d Liability Company)	
Cagan Crossings Outparcels Unit Two  (Name of the Limited Limbility Comp	pany as it now appears on our records.) d Liability Company)	
Cadan Croccinas Outoarcolo Unit Tura		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Address <u>Title</u> Type of Action <u>Name</u> 16554 Crossings Blvd., #4 Cagan Crossings, Ltd. MGRM Clermont, FL 34714 16554 Crossings Blvd., #4 MGRM Cagan Crossings Investments Manager No. 4, Inc. Clermont, FL 34714 Remove Remove Remove

. If a	mending any other in	formation,	enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>	· <del>·</del>	
ited _	November	า	2012
	Jeffrey Cag	Signature Jan	e of a member or authorized representative of a member  Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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